## PATENT APPLICATION FEE DETERMINATION RECORD Effective January 1, 2003

Application or Docket Number

| CLAIMS AS FILED - PART I (Column 1) (Column 2) |                                        |                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                               |                              |                                  |            | SMALL ENTITY TYPE   |                        |                 | OTHER THAN OR SMALL ENTITY |                        |
|------------------------------------------------|----------------------------------------|----------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------|------------------------------|----------------------------------|------------|---------------------|------------------------|-----------------|----------------------------|------------------------|
| TO                                             | TAL CLAIMS                             |                                              | 19                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                               |                              |                                  |            | RATE                | FEE                    |                 | RATE                       | FEE                    |
| _                                              |                                        |                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                               |                              | ED EVERA                         |            | BASIC FEE           | 375.00                 | ٠               | BASIC FEE                  | 750.00                 |
| FO                                             |                                        | <u>.                                    </u> | NUMBER FILED                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                               |                              | ER EXTRA                         |            |                     | 070.00                 | OH              |                            | 750.00                 |
| TO                                             | TAL CHARGEA                            | BLE CLAIMS                                   | 19 mini                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | us 20=                        | *                            | $\subseteq$                      |            | X\$ 9=              |                        | OR              | X\$18=                     |                        |
| IND                                            | EPENDENT CL                            | AIMS                                         | 6 min                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | us 3 =                        | *                            | <u> </u>                         | •          | X42=                |                        | OR              | X84=                       | 252                    |
| MU                                             | LTIPLE DEPEN                           | DENT CLAIM PI                                | RESENT                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                               |                              |                                  | •          | +140=               |                        | OR              | +280=                      |                        |
| * If                                           | the difference                         | in column 1 is                               | less than zero, enter "0" in column 2                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                               |                              |                                  |            | TOTAL               |                        | OR <sup>-</sup> | TOTAL                      | 1002                   |
|                                                | CI                                     | AIMS AS A                                    | MENDED                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | ENDED - PART II               |                              |                                  |            | •                   |                        | ١.              | OTHER                      | THAN                   |
|                                                |                                        | (Column 1)                                   | •                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                               |                              | (Column 3)                       |            | SMALL               | ENTITY                 | OR              | SMALL                      | ENTITY                 |
| AMENDMENT A                                    | ×.                                     | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | HIGH<br>NUM<br>PREVIO<br>PAID | BER<br>OUSLY                 | PRESENT<br>EXTRA                 |            | RATE                | ADDI-<br>TIONAL<br>FEE |                 | RATE                       | ADDI-<br>TIONAL<br>FEE |
|                                                | Total                                  | * 4                                          | Minus                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | **                            |                              | =                                |            | X\$ 9=              |                        | OR              | X\$18=                     |                        |
|                                                | independent                            | *                                            | Minus                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | ***                           |                              | =                                |            | X42=                |                        | OR              | X84=                       |                        |
| 9                                              | FIRST PRESE                            | JLTIPLE DEP                                  | LTIPLE DEPENDENT CLAIM                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                               |                              | l                                | +140=      |                     | OR                     | +280=           |                            |                        |
| •                                              |                                        |                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                               |                              |                                  | TOTAL      |                     | OD                     | TOTAL           |                            |                        |
|                                                |                                        |                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                               |                              |                                  |            | ADDIT. FEE          |                        | ION             | ADDIT. FEE                 |                        |
|                                                |                                        | (Column 1)<br>CLAIMS                         | A STATE OF THE STA | (Colur<br>HIGH                |                              | (Column 3)                       | 1 1        |                     | ADDI-                  | 1               |                            | ADDI-                  |
| AMENDMENT B                                    |                                        | REMAINING<br>AFTER<br>AMENDMENT              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | NUM<br>PREVI                  | IBER<br>OUSLY<br>FOR         | PRESENT<br>EXTRA                 |            | RATE                | TIONAL<br>FEE          |                 | RATE                       | TIONAL<br>FEE          |
|                                                | Total                                  | *                                            | Minus                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | ##                            |                              | =                                |            | X\$ 9=              |                        | OR              | X\$18=                     |                        |
| ME                                             | Independent                            | *                                            | Minus                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | ***                           |                              | <u> </u>                         |            | X42=                |                        | OR              | X84=                       |                        |
|                                                | FIRST PRESE                            | NTATION OF M                                 | ULTIPLE DEP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | ENDEN                         | NDENT CLAIM                  |                                  | J          | +140=               |                        | OR-             | +280=                      |                        |
|                                                | •                                      |                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | •                             |                              |                                  |            | TOTAL<br>ADDIT. FEE |                        | OR              | TOTAL<br>ADDIT. FEE        |                        |
|                                                |                                        | (Column 1)                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | (Column 2) (C                 |                              |                                  | (Column 3) |                     |                        |                 |                            | ·. ·                   |
| AMENDMENT C                                    |                                        | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | HIGH<br>NUM<br>PREVI          | HEST<br>MBER<br>OUSLY<br>FOR | PRESENT<br>EXTRA                 |            | RATE                | ADDI-<br>TIONAL<br>FEE | :               | RATE                       | ADDI-<br>TIONAL<br>FEE |
|                                                | Total                                  | *                                            | Minus                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | **                            |                              | =                                |            | X\$ 9=              |                        | OR              | X\$18=                     | 1                      |
|                                                | Independent                            | *                                            | Minus                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | ***                           |                              | =                                |            | X42=                |                        |                 | X84=                       |                        |
| V                                              | FIRST PRESE                            | NTATION OF M                                 | ULTIPLE DEF                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | TIPLE DEPENDENT CLAIM         |                              |                                  | ]          |                     | ·                      | OR              |                            |                        |
|                                                |                                        |                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                               |                              | _                                |            | +140=               |                        | OR              | +280=                      |                        |
| **                                             | If the "Highest Nu                     | mn 1 is less than t<br>mber Previously P     | aid For IN THI                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | S SPACE                       | is less tha                  | an 20, enter "20                 | )."        | TOTAL<br>ADDIT. FEE |                        | OR              | TOTAL<br>ADDIT. FEE        |                        |
| **                                             | "If th "Highest Nu<br>The "High st Nun | mber Previously F                            | Paid For IN TH                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | S SPACE                       | is less th                   | an 3, enter "3."<br>highest numb |            |                     | propriate bo           | x in co         |                            |                        |